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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/070431**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/				51							
2		/		/			52							
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49							99							
50							100							
TOTAL D.			3				TOTAL IND.							
TOTAL P.			15				TOTAL DEP.							
TOTAL AIMS			18				TOTAL CLAIMS							

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